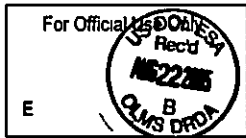


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



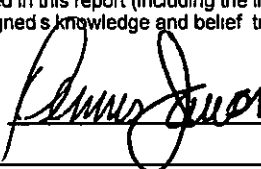
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 13407	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Dennis Jawor P O Box Bldg Room No if any Street 5452 West 137th Place City Crestwood State Illinois ZIP Code +4 60445 1526	4 Name file number and address of labor organization Name Automobile Mechanics Local 701 Labor Organization File Number 016-910 P O Box Building and Room Number if any Street 500 W Plainfield Road City Countryside State Illinois ZIP Code +4 60525 3580
5 Position in labor organization Directing Business Representative	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code +4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed 	On 08/10/2005	(708) 482-1720
	Date	Telephone Number

Name of Person Filing	Dennis Jawor	File Number U
-----------------------	--------------	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <hr/> <p>11 b Approximate dollar value of such dealing</p> <hr/> <p>12 a Nature of interest held or income received</p> <hr/> <p>12 b Amount</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name Jacobs Burns Orlove Stanton & Hernandez</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 122 S Michigan Ave Suite 1720</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60603-6145</p>	<p>14 a Nature of payment</p> <p>7/27/04 2 Baseball tickets</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <p>\$78</p>

Name of Person Filing Dennis Jawor

File Number U

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Jacobs Burns Orlove Stanton & Hernandez

Trade Name if any

P O Box Bldg Room No if any

Street 122 S Michigan Ave Suite 1720

City Chicago

State Illinois ZIP Code + 4 60603-6145

14 a Nature of payment.

12/6/04 Christmas Box of Chocolates

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment.

\$30

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Blue Cross Blue Shield

Trade Name if any

P O Box Bldg Room No if any

Street 500 East Randolph Street

City Chicago

State Illinois ZIP Code + 4 60601 5099

14 a Nature of payment.

09/02/04 Client development dinner

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment.

\$59

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Legacy Professionals LLP

Trade Name if any

P O Box Bldg Room No if any

Street 30 North LaSalle Street Suite 4200

City Chicago

State Illinois ZIP Code + 4 60602

14 a Nature of payment.

08/12-04 Golf & food

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment.

\$160

Name of Person Filing Dennis Jawor	File Number U
------------------------------------	---------------

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Amalgatrust Company Trade Name if any P O Box Bldg Room No if any Street One West Monroe Street City Chicago State Illinois ZIP Code + 4 60603	14 a Nature of payment 04/13/04 Baseball ticker & food
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment. \$105

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Chicago Equity Partners Trade Name if any P O Box Bldg Room No if any Street 180 North LaSalle Suite 3800 City Chicago State Illinois ZIP Code + 4 60601	14 a Nature of payment 02/25/04 Basketball game
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment. \$50

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Amalgatrust Company Trade Name if any P O Box Bldg Room No if any Street One West Monree Street City Chicago State Illinois ZIP Code + 4 60603	14 a Nature of payment 12/ /04 Holiday gift box
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment. \$26

Name of Person Filing Dennis Jawor	File Number U
------------------------------------	---------------

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Amalgatrust Company Trade Name if any P O Box Bldg Room No if any Street One West Monree Street City Chicago State Illinois ZIP Code + 4 60603	14 a Nature of payment. 10/19/04 Labor council meeting
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment \$51

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Amalgatrust Company Trade Name if any P O Box Bldg Room No if any Street One West Monree Street City Chicago State Illinois ZIP Code + 4	14 a Nature of payment. 04/30/04 Baseball ticket & food
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment. \$114

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Amalgatrust Company Trade Name if any P O Box Bldg Room No if any Street One West Monree Street City Chicago State Illinois ZIP Code + 4 60603	14 a Nature of payment. 05/26/04 2 Baseball tickets & food
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment. \$226

Name of Person Filing Dennis Jawor	File Number U
------------------------------------	---------------

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Chicago Equity Partners Trade Name if any P O Box Bldg Room No if any Street 180 North LaSalle City Chicago State Illinois ZIP Code + 4 60601	14 a Nature of payment. 03/25/04 Basketball game
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment. \$50

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Chicago Equity Partners Trade Name if any P O Box Bldg Room No if any Street 180 North LaSalle City Chicago State Illinois ZIP Code + 4 06061	14 a Nature of payment. 07/02/21/04 Baseball game
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment. \$150

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Mesirov Financial Trade Name if any P O Box Bldg Room No if any Street 350 North Clark Street City Chicago State Illinois ZIP Code + 4 60610	14 a Nature of payment. 06/09/04 Baseball ticket & food
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment. \$93

Name of Person Filing Dennis Jawor	File Number U
------------------------------------	---------------

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Janus Intech Trade Name if any P O Box Bldg Room No if any Street 2401 PGA Boulevard Suite 200 City Garden Beach State Florida ZIP Code + 4 33410	14 a Nature of payment. 11/19/04 2 Business dinner
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment. \$200

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment.
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment.
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment.